

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-019

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1931
Section 1115 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ No significant
b. FFY _____ \$ impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12a to Attachment 2.6-A, Page 6

Supplement 12b to Attachment 2.6-A, Page 21

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

N/A

10. SUBJECT OF AMENDMENT:

Section 1931(b) Program Disregards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's Office
does not wish to review State Plan
Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

8/22/01

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
714 P Street, Room 1640
Sacramento, CA 95814

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 23, 2001

18. DATE APPROVED:

May 6, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Items 4 and 8 - Changes made at the direction
of DHS.

Item 6 - Changed to reflect material submitted by DHS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE AFDC PROGRAM AS IT EXISTED ON JULY 16, 1996
(More Liberal Than AFDC)**

Temporarily disregard any change in income occurring after the recipient's most recent eligibility determination until the next annual redetermination at which time income shall be taken into account.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California
ELIGIBILITY UNDER SECTION 1931 OF THE ACT

**METHODOLIGIES FOR TREATMENT OF RESOURCES THAT DIFFER FROM
THOSE OF THE AFDC PROGRAM AS IT EXISTED ON JULY 16, 1996
(More Liberal Than AFDC)**

Temporarily disregard any change in resources occurring after the recipient's most recent eligibility determination until the next annual redetermination at which time resources shall be taken into account.

TN No. 01-019
Supersedes
TN No. N/A

Approval Date: MAY - 6 2002

Effective Date: July 1, 2002